


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90243 014 ***150.00

DOCUMENT # P99000104370 1. Entity Name ATTORNEY P.D. SERVICES, INC.			
Principal Place of Business P.O. BOX 9705188 BOCA RATON FL 33497		Mailing Address P.O. BOX 9705188 BOCA RATON FL 33497	
2. Principal Place of Business 9396 Boca River Circle Suite, Apt. #, etc.	3. Mailing Address 9396 Boca River Circle Suite, Apt. #, etc.		
City & State Boca Raton, Florida Zip 33434	City & State Boca Raton, Florida Zip 33434	4. FEI Number 65-0996826	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHOUP, R. GEOFFREY 9396 BOCA RATON CIRCLE BOCA RATON FL 33434		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOUP, R. GEOFFREY 9396 BOCA RIVER CIRCLE BOCA RATON FL 33434	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: R. GEOFFREY SHOUP		22 APRIL 2004 561-852 8308	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

43001001



MOORE CR2E034 (11/03)